03:35:14 p.m. 03–12–2019 1 8433834625	>
From:Darlington Mental Health 8433834625	03/12/2019 16:18 #577 P.001/017 O
CTATE OF COUTH CAROLINA	03/12/2019 16:18 #577 P.001/017 CC
STATE OF SOUTH CAROLINA	$\begin{array}{ccc} \bullet & & \to & \to \\ \bullet & & \bullet & \bullet \\ \bullet & & \bullet & \bullet \\ \end{array}$
(Caption of Case)	
Example: Application for a Class C Charter Certificate from) OF SOUTH CAROLINA
John Doe dba Doe's Limo	,) P
Application for a Class C) PUBLIC SERVICE COMMISSION) OF SOUTH CAROLINA) TRANSPORTATION COVER SHEET) DOCKET) NUMBER: 209 - 104 - T
Taxi Certificate from) DOCKET 2019 - 104 - T SS
Fanika R. George-DeWitt) NUMBER: 2011 - 101 - 1
Tarmer 11, start g	If this is your first time filing an application with the PSC, you will not
	have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned
	and should be entered above
(Please type or print)	Telephone: 843-758-2082
Submitted by: Fanika R. George-DeWitt	Telephone: 843-158-2082 3
Address: PO Box 173	_ Fax:
Florence, SC 29503	Other:3
	Email: fanikags@yahoo.com
NOTE: The cover sheet and information contained herein neither repla	ces nor supplements the filing and service of pleadings or other papers
as required by law. This form is required for use by the Public Service be filled out completely.	Commission of South Carolina for the purpose of docketing and must
	I Ø
NATURE OF ACTIO	
Application - Class A/A Restricted	Request to Amend Scope of Authority Request to Amend Tariff (rate increase etc.)
Application - Class C Taxi	Request to Amend Scope of Authority
Application - Class C Charter	request to Amend Tarm (rate merease, etc.)
Application - Class C Charter Bus	Request to Amend Passenger Limit
Application - Class C Non-Emergency Application - Class C Stretcher Van Application - Class E Household Goods	Request 0
Application - Class C Stretcher Van	Exhibit Of 15
Application - Class E Household Goods	Late-Filed Exhibit
Application - Class E Hazardous Waste	SC Letter
Application	Proposed Order
Request for Extension to Comply with Order	Publisher's Affidavit
Request for Order Granting Authority to Obtain a Certificate	Reservation Letter
of Public Convenience and Necessity to be Rescinded	Response
Request for Cancellation of Certificate	Return to Petition
Request for Suspension	Other:
Request for Reinstatement	

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA 101 Executive Center Drive, Suite 100 Columbia, South Carolina 29210

Phone: (803) 896-5100

Fax: (803) 896-5199

APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY FOR **OPERATION OF MOTOR VEHICLE CARRIER**

	Date: Mirch 8, 2019
CLASS C - TAXI	,
Application is hereby made for a Certificate of Public Convenien of S.C. Code Ann., § 58-23-10, et seq. (1976), and amendments t	• •
1. Fanika R George - De Wiff Name under which business is to be conducted (corporation, partner)	ship, or sole proprietorship, with or without trade name.
622 Stackley Street, Florence SC Z Street Address of A	
POBOX 173, Florence, SC 29503 Mailing Address of Applicant (if diffe	erent from street address)
843-758- 2082 Phone	Fax
fanikagsayahoo,com Email Addres	
2. If the Applicant is an LLC or a corporation, a copy of the Cert Secretary of State and the Articles of Incorporation must be atta Carolina Secretary of State "Foreign Corporation" Certificate.	ificate of Existence from the South Carolina ached. (If incorporated outside of SC, attach South
3. Select Entity Type: (Check one) Individual Owner/Sole Proprietorship	
Partnership - List names and addresses of all person having	
Corporation - List names and addresses of two principal o	fficers.

statement of assets and liabilities.

03/12/2019 16:18

ACCEPTED FOR PROCESSING - 2019 March 19 8:23 AM - SCPSC - 2019-104-T - Page 3 of 15 #577 P.003/017 Applicant is financially able to furnish the services as specified in this application and submits the following

Financial Statement

Applicant's assets and liabilities are as follows:

Assets:		<u>Liabilities:</u>	
Value of Real Estate	0	Mortgage/Loan on Real Estate	0
Value of Motor Vehicles	0 .	Loans Owed on Motor Vehicles	0
Cash on Hand	0	Business/Other Loans Owed	0
Cash in Bank	0	Other Liabilities or Debts	0
Value of Other Assets and Equipment	0	Total Liabilities	0
Total Assets	0		:

INSTRUCTIONS:

- 1. "Value of Real Estate" means the actual or estimated market value of any real property/buildings owned by the Company/Business Applying for a Certificate.
- 2. "Mortgage/Loan on Real Estate" means the outstanding balance on any Mortgage, Equity Line or other Loan secured by the Real Estate listed in Item 1.
- 3. "Value of Motor Vehicles" means the actual or fair estimated value of any moving vans, trucks or other vehicles owned by the Company/Business Applying for a Certificate.
- 4. "Loans Owed on Motor Vehicles" means the outstanding balance on any loans or liens on the vehicles listed in Item 3.
- 5. "Cash on Hand" is the total of actual cash held by the Company/Business applying for a Certificate on the day this form is filled out.
- 6. "Business/Other Loans Owed" means the outstanding balance on any small business loan or other unsecured loan made by a person, bank or business to the Business/Company applying for a Certificate.
- 7. "Cash in Bank" means the current balance in checking accounts, savings accounts or the like in the name of the Company/Business applying for a Certificate. Do not include retirement accounts or personal bank account balances.
- 8. "Value of Other Assets and Equipment" should include the actual or estimated value of items such as office equipment (computers/furnishings), moving equipment (hand trucks/blankets/strapping), and trailers.
- 9. "Other Liabilities or Debts" means specific amounts/balances which the Company/Business applying for a Certificate knows that it owes to other persons or companies; for example Franchise Fees. This does NOT include regular bills such as electricity bills, security system costs, insurance, salaries, etc.

PROPOSED RATES AND CHARGES FOR SERVICE

Proposed Rates and Charges:

as required for South anolina

orached

Requested Scope of Authority: Check all counties in which you are requesting permission to operate. You will only be allowed to operate in those counties checked below. You may request "Statewide" authority if you intend to operate in all counties in South Carolina.

Abbeville	Cherokee	Florence	Lee	Saluda
Aiken	Chester	Georgetown	Lexington	Spartanburg
Allendale	Chesterfield	Greenville	Marion	Sumter
Anderson	Clarendon	Greenwood	Marlboro	Union
Bamberg	Colleton	Hampton	McCormick	Williamsburg
Barnwell	Darlington	Horry	Newberry	York
Beaufort	Dillon	Jasper	Oconee	
Berkeley	Dorchester	Kershaw	Orangeburg	▼ Statewide
Calhoun	Edgefield	Lancaster	Pickens	
Charleston	☐ Fairfield	Laurens	Richland	

DESCRIPTION OF EQUIPMENT

You are **not** required to own a vehicle to file an application. However, prior to being issued a certificate by ORS, you will be required to have obtained a vehicle.

<u>Maximum Number of Passengers Vehicle is Equipped to Carry:</u> (The number of passengers a vehicle is equipped to carry is based on the number of <u>seatbelts</u> in the vehicle, including the driver's seatbelt.)

M	1-7 Passengers, i	ncluding driver
	8-15 Passengers	including driver

MAKE	YEAR & MODEL	VIN#	EMPTY WEIGHT
Mazda.	2004 MPV V	V JM3LW28A5405	103041 - 37 9 4
	P		
		-	
-			

INSURANCE QUOTE

This form MUST BE COMPLETED.

This form MUST BE COMPLETED. The insurance quote must be complete, listing current insurance premiums. At the discretion of the Commission, a copy of Courrent insurance policies may be required. Do not provide a copy of insurance policies unless requested. You will not be required to purchase insurance until your application has been approved and an order has been issued by the PSC. THIS IS TONLY A QUOTE.	
ONLY A QUOTE. The following insurance quote is for: Fanika R. George-DeWitt	í 2
Fanika R. George-DeWitt	5
Fanika R. George-DeWitt ### DZZ Stackiey Street , Name of Applicant	0 7 0
Address of Applicant	
Amount of Premium: See attacked Limits Quoted: (See Below)	,,
Liability Insurance \$ Limits \(\)	3
The above quoted premium is for a term of months.	> > >
Minimum Limits - Intrastate Only:)
1-7 Passengers* \$ 25,000/50,000/25,000 * Passengers = Number of seatbelts in the vehicle, including the driver's seatbelt \$ 25,000/100,000/25,000 Name of Insurance Company Home Office Address of Company	
Name of Insurance Company	- -
	J
Home Office Address of Company	0
I, the Applicant, am familiar with the Commission's Rules and Regulations relating to insurance requirements and the above quote meets the minimum insurance limits prescribed. The insurance company making this quote is	î

I, the Applicant, am familiar with the Commission's Rules and Regulations relating to insurance requirements and the above quote meets the minimum insurance limits prescribed. The insurance company making this quote is authorized by the South Carolina Department of Insurance to do business in South Carolina.

NOTICE:

If you wish to self-insure your motor vehicles for liability and property damage, you must comply with S.C. Code Ann. Sections 56-9-60 and 58-23-910. For more information, contact the Department of Motor Vehicles at (803) 896-8457 or (803) 896-9903.

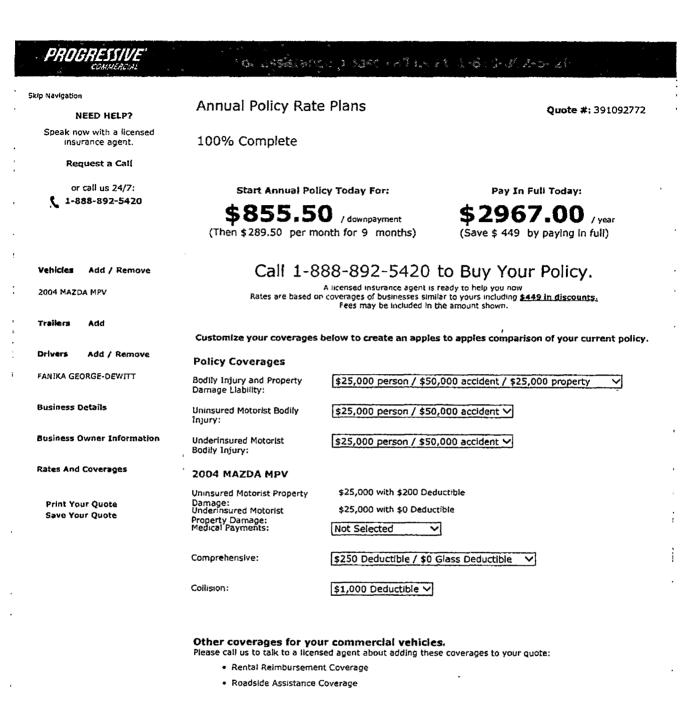
If you wish to apply as a self-insured for worker's compensation coverage in South Carolina you may do so with the South Carolina Worker's Compensation Commission (WCC) provided that you will be able to: 1) post a surety bond or letter-of-credit with the WCC for a minimum of \$500,000, 2) agree to pay a yearly self-insurance tax, and 3) agree to pay an annual assessment to the South Carolina Second Injury Fund. For more information, contact the WCC Self-Insurance Division at (803) 737-5712 or on the web at www.wcc.state.sc.us/self-insurance.

Rates and Coverages - Progressive Quote

From:Darlington Mental Health

03/12/2019 16:19

Page 1 of 2



State filings are available upon request.

Start Annual Policy Today For:

\$855.50 / downpayment (Then \$289.50 per month for 9 months) Pay In Full Today:

\$2967.00 /vear (Save \$ 449 by paying in full)

Call 1-888-892-5420 to Buy Your Policy.

ACCEPTED FOR PROCESSING - 2019 March 19 8:23 AM - SCPSC - 2019-104-T - Page 7 of 15

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03/12/2019 16:19

#577 P.008/017

Page 2 of 2

Rates and Coverages - Progressive Quote

Save Quote

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therewith?

Yes Yes

O No

From:Darlington Mental Health

Exhibit Fit, Willing, and Able (FWA)

	Fanika R. George-DeWitt Name of Applicant
-	Name of Applicant
1.	Are there currently any outstanding judgments against the Applicant? O Yes No
	If Yes, list judgements here:
	•
-	Is Applicant familiar with all statutes and regulations, including safety regulations and governing for-hire moto carrier operations in South South Carolina, and does Applicant agree to operate in compliance with these statutes and regulations?
`	Yes O No
3	Is Applicant aware of the Commission's insurance requirements and the insurance premium costs associated

Exhibit on Driver Qualifications

1.	Appli	cant understands that	all drivers must be a minimum of 18 years of age.	
	Ø	Yes	O No	
2.	and su		a certified copy of the driver's three (3) year driving record issued by the SC DMV MV of the state in which the driver is or has been domiciled for such period must ant's business office.	
	Ø	Yes	○ No	
3.			criminal history background check from the state where the driver currently liver pplicant's business office.	S
	6	Yes	○ No	
1.	their p		all drivers operating a vehicle under a Class C Taxi Certificate must have in ting a charter vehicle, a valid driver's license issued by the SC DMV or the currenter.	ıt
	Ø	Yes	○ No	
5.	vehicle	es to drivers who are r	Il Class C Taxi Certificate holders are prohibited from employing or leasing egistered, or required to be registered, as sex offenders with the South Carolina sion or any national registry of sex offenders.	
	√	Vag	O No	

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA 101 EXECUTIVE CENTER DRIVE, SUITE 100 COLUMBIA, SOUTH CAROLINA 29210

Applicant is familiar with the provision of S.C. Code Ann. §58-23-10, et seq.(1976), and amendments thereto, and R.103-100 through R.103-241 of the Commission's Rules and Regulations for Motor Carriers (S.C. Code Ann. Regs., 1976), and R.38-400 through R.38-503 of the Department of Public Safety's Rules and Regulations for Motor Carriers (Volume 2, S.C. Code Ann., 1976) and amendments thereto, and hereby promises compliance therewith.

S.C. Code Ann. Section 58-3-250 states, in part, that every final order of the Commission must be served by electronic service, registered or certified mail, upon the parties to the proceeding or their attorneys.

Please check the applicable box:

The Applicant AGREES to receive future Commission orders related to the Applicant's authority in South Carolina
through the Commission's eService System. The Applicant authorizes the Commission to serve its orders by using the e-
mail address as it appears on page one of this Application. To sign up for eService notifications, please visit www.psc.sc.
gov to create a My DMS account.

The Applicant DOES NOT AGREE to receive future Commission orders related to the Applicant's authority in South Carolina through the Commission's eService System.

The Applicant for the Certificate of Public Convenience and Necessity as set forth in the foregoing, swear or affirm that all statements contained in the above application are true and correct.

Title of Applicant (e.g. President, Owner, etc.)

STATE OF SOUTH CAROLINA

Notary Public

Commission Expires

Print Application

09.27 49 p.m 03-17-2019 1 8433834625

From:Darlington Mental Health 8433834625 0

3117/19

03/17/2019 22:11

#611 P.001/004

803-896-5199

To: Janice

Yo Public Service Commission

From: Fanika R George-DeWitt

Re: Zone Pricing for Taxi

certificate

These are the zone/ Price list amounts a maps for the zones in Florence per your request. Please call me at 843-758-2082 to let me Know that you have received it. Thx. samirar moult

ZONE 3 - \$7.00

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